Readiness of Our Crisis System for 988

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ASPE contracted with RTI International, in collaboration with NRI, Inc., to identify what states are currently* doing and what additional infrastructure may be needed to maintain a comprehensive behavioral health crisis response system across the United States.

Project period: Dec 2021 – Sept 2022

Project Topics

Existing capacity of states' crisis response systems

State plans to improve crisis systems

Future data collection processes

Subject Matter Expert Interviews

State and Key Organization and Agency Websites

Vibrant Emotional Health's National Suicide Prevention Lifeline Data

2020 National Mental Health Services Survey (N-MHSS) Data

Community Mental Health Block Grant (MHBG) and CMS Planning Grant Applications

Virtual Interviews ($\leq$9 interviewees per state)

2022 NRI, Inc. Survey Findings

Press releases and data briefs from HHS, SAMHSA, and Vibrant Emotional Health

Cross-Continuum: States' self-reported stage of implementation across the crisis continuum (Source: MHBG applications)
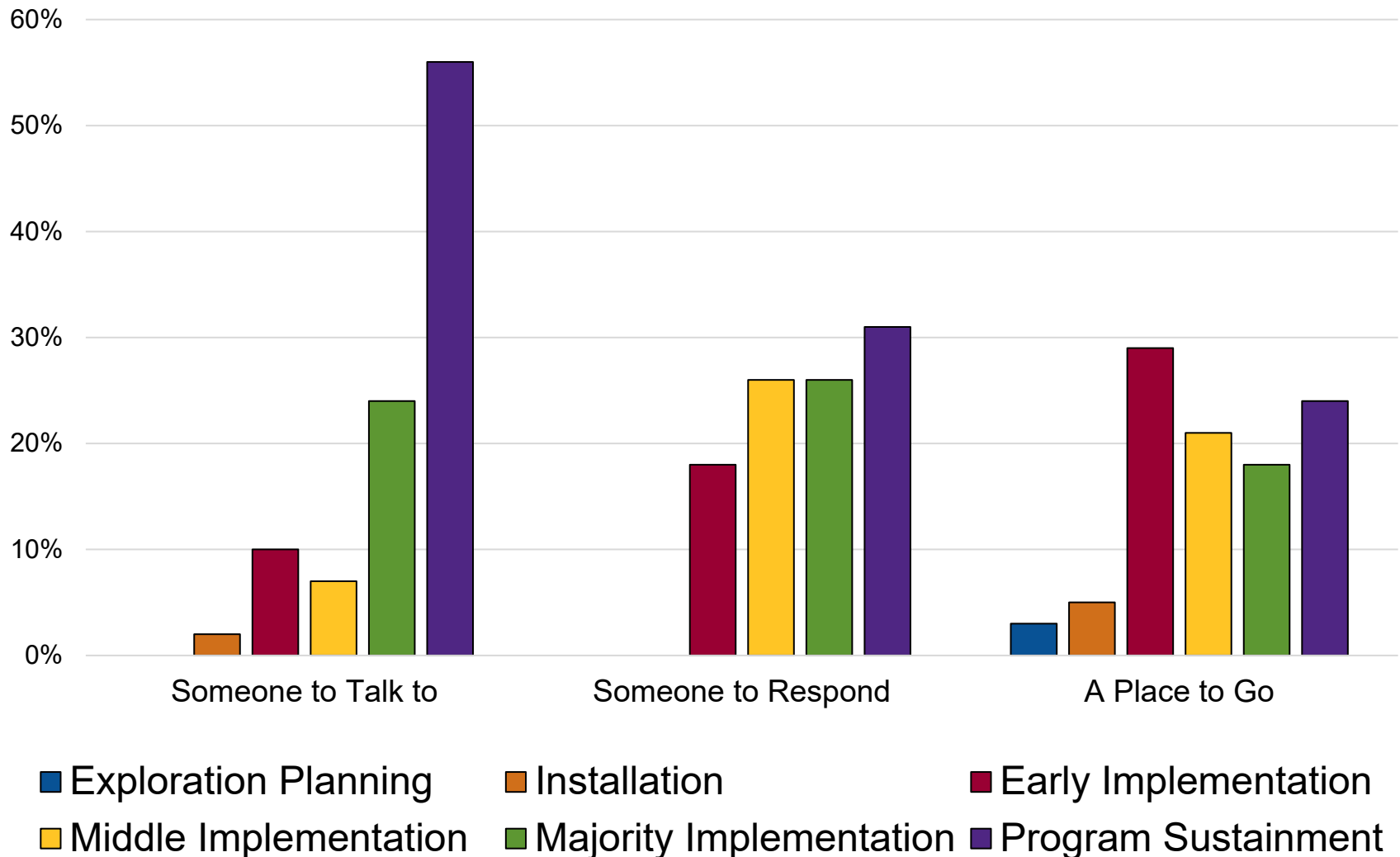
Exploration Planning

Installation

Early Implementation

Middle Implementation

Majority Implementation

Program Sustainment

Cross-Continuum: States' self-reported stage of implementation across the crisis continuum (Source: MHBG applications)

Someone to talk to services are more developed across states than **someone to respond** and **a place to go** services

Relative to other core elements, there is more standardized national data regarding **someone to talk to** services, but these data do not capture non-Lifeline call center performance

Someone to respond services are similarly variable across states, but the nature of these differences is unknown because the Federal government does not systematically collect data pertaining to the availability of mobile crisis services

There are many **places to go**, but inconsistent definitions pose challenges to systematic analysis, and emergency departments remain a common entry point into crisis response services

Cross-Continuum

- Use 5% set-aside funds to build out all core elements or adopt a Crisis Now model (Source: MHBG applications)

- Recruit and retain a skilled crisis workforce

- Modernize and centralize crisis-related data systems

- Address behavioral health inequities

States are working to enhance **someone to talk to** services by improving in-state answer rates, diverting callers from law enforcement, and providing culturally competent services

States are building out their **someone to respond** services to meet program requirements specified in Section 1947(b) of the American Rescue Plan and better serve certain populations

Relatively less is known about states' plans to increase accessibility and availability of **places to go**, but states are working to provide a network of options beyond EDs

States are in very different places, and therefore have differing paths forward

- Available national data may not adequately capture key metrics of crisis service availability and accessibility

- Many metrics of availability and accessibility are inconsistently collected or reported across and within states

- National data do not necessarily reflect the metrics typically used by each state to capture availability and accessibility

- There are gaps in our understanding of availability and accessibility of behavioral health crisis services

- Some of these gaps will be filled by uniform data collection tools, as well as states' identified plans to improve data collection and tracking

- There is ample opportunity to further improve data collection processes vis-à-vis approaches spanning new and existing data

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